

Linda McCulloch, Superintendent Office of Public Instruction Accreditation Division PO Box 202501Helena MT 59620-2501

ALTERNATIVE EDUCATION PROGRAMS 2008-2009 School Year

| DUE DATES: To County Superintendent: Tuesday 10/21/2008 To Office of Public Instruction, Accreditation Division: Tuesday 10/28/2008 | County:Le:School:Sc:_ | |
|---|---|----|
| Purpose: The purpose of this data collection is to ide programs to serve at-risk students and gather identif eporting purposes, an alternative education progran isk students and operated within an accredited publ | ying information about these programs. For On is a "restructured" academic program to ser | PI |
| Does your school operate an alternative education p | rogram to serve at-risk students? | |
| Which choice below best describes where students a A. On School Campus C. Combination On-site and Off-Site | B. Off School Campus | |
| 3. Do you modify graduation requirements (as provided served in this program? | I in ARM 10.55.906(3) & (4)) for the students | |
| 4. Do you modify attendance requirements for students | served in this program? | |
| 5. When reporting personnel assignments for the Annu personnel job codes AR01 (At-Risk) or OT (Other) to do working in the alternative education program? | | |
| 6. Do you utilize distance, online and technology-delive deliver any part of the alternative education program? (| | |
| 7. What types of support personnel do you employ in the Include only those personnel that are not required to he Check all that apply. Medical professionalLicensed counselorSocial workerAttendance or school resource off | old a Montana educator's license. | |
| 8. As of 10/6/2008 how many students are assigned to | this program? | |
| 9. Which grade spans and age groups is this program of | designed to serve? | |
| Grade low | Age low | |
| | Age high | |

11. Physical address of program (Street, City, State, Zip)

12. Phone Number_____